

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14	1					
15		1				
16		1				
17		1				
18		4				
19		4				
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42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		4				
52	1					
53		1				
54		1				
55		1				
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65	1					
66		1				
67		1				
68		1				
69		4				
70		4				
71		4				
72		4				
73		4				
74		4				
75		4				
76		4				
77		4				
78	1					
79		1				
80		1				
81		1				
82		4				
83		4				
84		4				
85		4				
86		4				
87		4				
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97		4				
98		4				
99		4				
100		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		4				
2		4				
3		4				
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50						
TOTAL IND.	5					
TOTAL DEP.	395					
TOTAL		400.00				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						